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ABSTRACT

This document reports on the incidence of AIDS among Hispanics and addresses Hispanic concerns regarding AIDS education, prevention, and treatment. Hispanic Americans are proportionately more likely to suffer from AIDS than any other minority group, and health officials predict there will be a seven-fold increase in the number of AIDS cases among Hispanics over the next 4 years. Barriers affecting the Hispanic response to AIDS include the belief that AIDS is a White gay male disease, the lack of culturally sensitive and appropriate education and prevention programs, and insufficient federal funding preventing Hispanic community groups from effectively serving Hispanic populations. In December 1987, the National Council of La Raza and the Centers for Disease Control organized a meeting of Hispanic community leaders concerning AIDS. In response to the recommendations of these leaders, the National Council of La Raza will (1) provide technical assistance to affiliates and other Hispanic groups to carry out AIDS-related programs; (2) assist community-based organizations to develop culturally sensitive and regionally focused educational materials; (3) develop an information center on AIDS for community-based organizations; and (4) carry out applied research and policy analysis on specific issues related to AIDS in the Hispanic community. (LP)

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NATIONAL COUNCIL OF
LA RAZA
OFFICE OF RESEARCH
ADVOCACY AND LEGISLATION

Perspectivas
Públicas

Issue Brief

Title: Aids in the Hispanic Community

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AIDS IN THE HISPANIC COMMUNITY

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I. SUMMARY INTRODUCTION

A disproportionate number of persons with AIDS have been Hispanics, and health officials believe that there will be a seven-fold increase in the number of AIDS cases among Hispanics over the next four years. Hispanics, along with the general public, have tended to view AIDS as a White gay male disease and as a result have been slow to admit that it is a serious problem in the Hispanic community. Moreover, insufficient funding and information and limited access to other resources have prevented Hispanic community groups from serving hard-to-reach Hispanic populations and have also delayed an organized Hispanic response to AIDS.

The high incidence of AIDS in the Hispanic community led the National Council of La Raza and the Centers for Disease Control to organize the first national meeting of Hispanic community leaders on AIDS, held December 6-7, 1987, in Washington, D.C. The consultation culminated in a plenary session in which local leaders recommended that (1) language sensitive and culturally appropriate educational materials on AIDS for the Hispanic community be developed; (2) community-based organizations be included in the education and prevention efforts targeting the Hispanic population; (3) a credible national Hispanic organization such as the Council organize an Hispanic AIDS prevention network of community groups; and (4) policy analysis and advocacy from an Hispanic perspective be carried out at the national level.

During the coming year the Council hopes to take an active role in the AIDS education and prevention efforts in the Hispanic community by (1) providing technical assistance to affiliates and other Hispanic groups to carry out AIDS-related programs; (2) assisting community-based organizations to develop culturally sensitive and regionally focused education materials; (3) developing an information center on AIDS for community-based organizations; and (4) carrying out applied research and policy analysis on specific issues relating to AIDS in the Hispanic community.

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II. INCIDENCE OF AIDS AMONG HISPANICS

A. Overview

Hispanic Americans -- men, women, and children -- are disproportionately likely to suffer from AIDS. While Hispanics constitute about 8% of the mainland U.S. population, as of April 6, 1987, 24% of female AIDS cases and 14% of male cases were Hispanic. Hispanics are overrepresented, given their proportion of the population, in every type of AIDS transmission group except those suffering from hemophilia. The largest group of Hispanic AIDS cases consists of homosexual/bisexual men who are not intravenous (IV) drug users; the second largest group is IV drug users.

Moreover, health officials believe that there will be a seven-fold increase in the number of AIDS cases among Hispanics over the next four years. In addition, while the average life expectancy of Whites with AIDS in the United States is 18-24 months, the average for minorities is only seven months.

The only currently available means of limiting the spread of the AIDS epidemic is education leading to changes in behavior. However, the magnitude of the AIDS problem in the Hispanic community has only recently begun to be recognized, and a number of obstacles complicate efforts to plan and implement effective AIDS education and prevention efforts. Effective programs will require community education, increased resources, and an understanding of Hispanic culture, and thus Hispanic community-based organizations must play a critical role in such efforts.

B. AIDS Incidence in Hispanic Subpopulations

1. Hispanic Men

Compared with White men, Hispanic men suffer disproportionately from AIDS. As of April 6, 1987, there were 730 AIDS cases per million adult Hispanic men, but only 291 cases per million adult White men. The cumulative incidence (number or cases per million population) for Hispanic men was 2.5 times the rate for White men.

The largest transmission category for AIDS cases, for Hispanics and for other racial/ethnic groups, is homosexual or bisexual men who are not intravenous (IV) drug users. A total of 53% of all Hispanic adult males with AIDS were in this category as of April 1987, as were 83% of White and 50% of Black men with AIDS. An additional 7.6% of Hispanic male AIDS cases were homosexual or bisexual men who were also IV drug users; the comparable figures were 8.5% of White men and 8.7% of Black men with AIDS.

The second largest transmission group among Hispanic and Blacks AIDS cases is heterosexual male IV drug users; 34% of Hispanic and the same proportion of Black male AIDS cases were so categorized as of April 1987, compared to just 4% of White male AIDS cases.

2. Hispanic Women

Hispanic women are even more disproportionately affected by AIDS than Hispanic men. Although the cumulative incidence (CI) of AIDS for Hispanic women (73 cases per million) was substantially lower than the rate for men (730 cases per million), the CI for Hispanic women as of April 1987 was 8.5 times the CI for White women (8.6 cases per million). The CI for Black women was 12.2 times the CI for White women.

3. Hispanic Children

Four-fifths of children with AIDS are Black or Hispanic; 24% of all children with AIDS were Hispanic. The cumulative incidence of AIDS among Hispanic children aged 0-12 years as of April 1987 was 7.6 times the CI for White children, while the CI for Black children was 14.1 times the White rate. Among Hispanic children with AIDS, 80% had parents who had AIDS or were at high risk for the disease.

4. Regional Variations

The incidence of AIDS varies considerably by geographic area, and within areas, by type of AIDS transmission group. For Hispanics and Blacks, the highest rates of both IV- and non-IV-related AIDS cases are found in large cities in the Northeast. The cumulative incidence of AIDS among adult Hispanic men is especially high in New York and New Jersey, and about half the Hispanic AIDS cases in those states as of April 1987 were IV drug users.

For non-IV-related cases, the highest rates of AIDS among Hispanic and Black men also are found in the Northeastern cities, while for White men, rates are higher in large cities in the West.

Incidence rates of AIDS among all Hispanic women show regional patterns almost identical to those of IV-related male cases. Hispanic children with AIDS are concentrated in the same states as adult cases; this is not surprising given the close relationship between pediatric AIDS and maternal AIDS.

5. Homosexuality/Bisexuality

Even among AIDS cases not involving IV needle use, the cumulative incidence of AIDS for Hispanics is still higher than for Whites. Thus the second major factor accounting for the difference between Hispanic and White rates of AIDS cases is sexual behavior. For example, the incidence of cases involving homosexual or bisexual men (no IV needle use) was 380 per million for Hispanic

men as of April 1987, compared to 242 per million for White men. This means the Hispanic rate was 1.6 times the White rate. Similarly, among cases not involving IV needle use, the cumulative incidence of AIDS among Hispanic women was still higher than for White women; the CI for Hispanics was 6.5 times the White rate.

III. BARRIERS AFFECTING THE HISPANIC RESPONSE TO AIDS

Hispanics, along with the general public, have viewed AIDS as White gay male disease and as a result have been slow to admit that it is a serious problem in the Hispanic community. The social stigma associated with high-risk behavior such as homosexual/bisexual activity, intravenous drug use, prostitution, and "promiscuous" sexual behavior has created a sense of denial among the general public and especially among Hispanics, who have special cultural attitudes surrounding sexual issues.

Although the Black community has been able to effectively use churches as a primary messenger in the teaching of risk-reduction practices such as the use of condoms, the Catholic church -- to which about 90% of Hispanic belong, at least nominally -- opposes birth control and therefore has until recently typically opposed such efforts in the Hispanic community. Overall, many education and prevention programs and especially advertising campaigns targeted towards at-risk segments of the population have been culturally insensitive and inappropriate in reaching the Hispanic community.

Moreover, insufficient federal funding and information and limited access to other resources have prevented Hispanic community groups from serving hard-to-reach Hispanic populations and have also delayed an organized Hispanic response to AIDS.

V. AIDS CONSULTATION

During the last several years, in an effort to reach high-risk minority populations, public health officials have worked together with Hispanic AIDS experts and representatives from national Hispanic organizations. In December 1987, the National Council of La Raza and the Centers for Disease Control organized the first meeting of Hispanic community leaders on AIDS, held in Washington, D.C. Leaders of almost 50 Council affiliates representing 18 states, along with recognized national Hispanic AIDS experts, other minority professionals, and representatives from federal health agencies and Congressional committees, came together to bring Hispanic needs and concerns regarding AIDS education, prevention, and treatment to the forefront of the national agenda on AIDS. This event provided an opportunity to:

- Discuss the incidence of AIDS in the Hispanic community and the correlates of HIV infection risk, including social and cultural factors as well as sexual attitudes, practices, and patterns;

- Assess the current level of knowledge within the Hispanic community about AIDS transmission and prevention, especially culture-specific attitudes and beliefs about AIDS prevention;

- Review existing efforts -- formal and informal -- by community-based organizations which can be used in the development of other model efforts; and

- Establish an agenda of appropriate analysis and program responses, including education and curriculum materials, and projects designed to target at-risk Hispanic populations.

The consultation culminated in a plenary session in which the local leaders indicated their commitment to having their agencies become active in AIDS education and prevention, and the National Council of La Raza was urged by its affiliates to take a lead role in AIDS education and prevention efforts in the Hispanic community. Major recommendations that were consistently voiced include the following:

- **The development of more Spanish language and culturally appropriate educational materials on AIDS for the Hispanic community is badly needed.** Because of language and cultural differences from the mainstream population, Hispanics too often do not benefit from existing health education and service programs. As a result, there has been a growing emphasis on the need for culturally appropriate AIDS programs that reach and involve Hispanics. Mainstream health education and disease prevention materials have been especially ineffective in reaching Hispanics, particularly those with little formal education. While there has been recent concern with the translation of materials from English to Spanish, simply translating materials developed for non-Hispanics is often ineffective. Such materials do not use the "vernacular" of the targeted population and fail to reflect the social and cultural experiences of Hispanic communities.

- **Education and prevention efforts targeting the Hispanic community must be carried out in partnership with community-based organizations.** Unlike the Black community, the Hispanic community lacks established institutions such as Hispanic-controlled colleges or churches to whom residents can turn for support in overcoming socioeconomic problems which confront families daily. Hispanics must rely upon national, regional, and local community-based organizations for such support. It is therefore critical that community-based organizations be incorporated into AIDS initiatives to facilitate the dissemination of current primary and secondary information, culturally appropriate prevention resources, intervention and prevention strategies, and potential funding sources for AIDS work with the Hispanic population.

- **An Hispanic AIDS prevention network of community groups needs to be established by a credible national Hispanic organization or organizations.** Most of the Hispanic population is served by a variety of types of Hispanic agencies, such as youth-and-family-focused organizations, health and mental health providers, and multi-service agencies. However, no single Hispanic organization has the resources, knowledge, and materials to develop and implement all the kinds of culturally appropriate responses to the AIDS crisis which the community needs. Particularly for groups which are not health care providers, there is currently limited guidance available concerning their appropriate roles in AIDS prevention and education. These groups seek the assistance of a well-established national Hispanic organization with a history of providing organizational development and technical assistance to community groups nationwide. The Council can and should play a lead role in meeting this need by (a) providing training in program development, program management, and grant-writing and outreach skills on AIDS; (b) disseminating knowledge, materials, training, and programmatic experience on AIDS; (c) linking community-based organizations with university, medical, federal, and other Hispanic and non-Hispanic AIDS resources; and (d) coordinating prevention initiatives, and program evaluation.

- **There is a critical need for policy analysis and advocacy at the national level.** Too often public policy debates and decisions occur with no consideration of the impact of various policies and programs upon Hispanics. A national organization which carries out applied research and policy analysis on specific issues which affect Hispanics can increase policy maker and public understanding of Hispanic needs and concerns related to AIDS, and encourage the establishment of programs and policies which equitably serve Hispanics. During the coming year, it is especially important that federal AIDS policies which affect Hispanics be monitored and an analysis of the factors relating to AIDS in the Hispanic community be prepared and disseminated to Hispanics and the general public. The Council should fulfill this role and serve as a liaison between Congress, federal health agencies, and Hispanic community-based organizations.

V. THE COUNCIL'S ROLE IN ADDRESSING THE AIDS ISSUE

During the coming year, the Council's issue priorities will reflect its commitment to taking a lead role in combating the AIDS epidemic in the Hispanic community. The Council hopes to:

- Provide an Hispanic perspective to national, state, and local health agencies in the development and implementation of minority AIDS initiative programs;

- Obtain public and private funding to provide technical assistance to affiliates and other Hispanic groups to carry out AIDS-related programs for segments of the Hispanic population most at risk for AIDS transmission;

- Assist community-based organizations to develop culturally sensitive and regionally focused education materials;

- Research and develop new program models and document existing models which have most effectively reached high-risk Hispanic populations;

- Establish an information center on AIDS in the Hispanic community to provide community organizations and health educators with up-to-date information and culturally sensitive materials including documented program models; and

- Carry out applied research and policy analysis on specific issues relating to AIDS in the Hispanic community, and also carry out legislative and administrative advocacy as needed.

VI. ANALYSIS

The pattern of AIDS cases and Human Immunodeficiency Virus (HIV) infection in the Hispanic community demonstrates that broad-based community prevention programs are needed. These programs should specifically attempt to change behaviors that increase the risk of disease transmission. Emphasis must be given both to modifying sexual practices that increase risk, and to changing high-risk practices among intravenous drug users.

The epidemiology of HIV infection among Hispanic intravenous drug users suggests that needle sharing is the major source of transmission of the virus by this group. Hispanics are more likely than either Blacks or Whites to engage in certain AIDS-related risk behavior such as needle sharing. A 1986 study (Schoenbaum, 1986) on the proportion of IV drug injections that took place in "shooting galleries" where needles are frequently shared found that Hispanics used shooting galleries 31% of the time, compared to 18% for Blacks and 16% for Whites.

The transmission pattern of AIDS among Hispanics also suggests the important role of intravenous drug abuse in the spread of AIDS into the Hispanic-adult heterosexual community as well as in Hispanic children. Heterosexual transmission has been more common among Hispanics than Whites. The majority (62%) of persons acquiring AIDS through heterosexual contact have reported sexual contact with an intravenous drug abuser. Among Hispanic women with AIDS, one-third have acquired HIV infection through heterosexual contact. Moreover, all Hispanic children with AIDS (89%) acquired the infection from their mothers, whereas over half (57%) of White children acquired the infection from transfusions of blood or blood products.

These patterns further indicate that in the future AIDS is likely to spread much faster among Hispanics than among Whites. Patients with AIDS represent only a small proportion of the population infected with HIV. An estimated 25 to 50% of those infected with the virus will probably develop AIDS within five to 10 years after infection. Most of these people are asymptomatic or only mildly symptomatic and thus they often do not know they are infected and take no precautions to prevent transmission of the virus to others.

Another transmission pattern among Hispanics is homosexual contact between men. Such contact men is the most common route of transmission among all racial/ethnic groups. However, compared with Whites, a higher proportion of Hispanics report that they are bisexual. It is possible that Hispanic homosexual men are more likely than White homosexuals to put women at risk for AIDS due to being "closet gays" who maintain sexual relationships with women as well as men, and may have wives and children. Statistics show that a larger proportion of Hispanic gay males with AIDS reported having sex with both men and women than did Whites; 20% of Hispanics and 13% of Whites reported bisexual activity. Anecdotal evidence also suggests that Hispanic bisexual men may be less likely to consider themselves gay and thus at risk for HIV infection. They may also be less aware of and less likely to participate in education and prevention programs designed exclusively for homosexuals.

Although it has been suggested that Hispanics may be especially likely to engage in high-risk behavior for AIDS, little or no research has been done to date to investigate these behaviors. For example, AIDS may be transmitted among Hispanics through shared use of needles for tattooing or in "blood brother" rites among gang members.

What seems clear about the epidemiology of HIV infection among Hispanics is the urgency for effective AIDS prevention programs designed especially for Hispanics. Because for the country as a whole, but more so for minority communities, risky behavior is not neatly confined to specific groups, prevention programs focusing too narrowly on "risk groups" can hamper more than help the segments of the population most at risk for HIV infection. Instead, the focus of prevention programs should be on at-risk behavior with emphasis on sexual behavior and IV needle sharing.

VII. CONCLUSIONS

Since the largest proportion of heterosexuals with AIDS are intravenous drug abusers and their contacts, modifying the sexual and drug-use behaviors of drug abusers should be an important part of the drive to slow the spread of HIV infection among heterosexuals. A decrease in needle sharing, for example, could have an impact on the spread of infection among Hispanic adults and children. Health and drug abuse clinics should be encouraged and funded to provide comprehensive counseling for the families and sexual partners of their clients.

Prevention of infection in children requires prevention of infection in women. Because most of the AIDS cases in children are related to intravenous drug abuse by the parents or their sexual contacts, prevention programs must reach inner-city populations of Hispanic women and their sexual partners who are intravenous drug abusers. Family planning facilities serving such populations, for example, can incorporate AIDS information into their birth control education.

To be effective, prevention programs must take into account the differences in the occurrence and transmission patterns of AIDS and the behavioral, social, economic, and other reasons for these differences among Hispanics. Differences in the social and sexual practices of Hispanic gay and bisexual men need to be studied and incorporated into the design of prevention programs. Providing education to bisexual men may require special programs tailored to their needs. Their families also need to be included in these programs.

Development of an effective vaccine and effective treatment must remain a high priority; but until these are available, prevention programs must rely on education and behavioral modification. Cooperation from public, private, academic, and community institutions and organizations is needed to deal with this national emergency. It is the responsibility of the federal, states, and local public health systems to provide these institutions and organizations with accurate information about the AIDS epidemic and to correct public misconceptions about the groups who are most at risk. Professional and community organizations representing Hispanics have a responsibility to become educated about the AIDS problem in their communities and how they can help to prevent further spread. Hispanic organizations need to play an active role in educating their constituents about safe sex practices and the AIDS-related dangers of drug abuse. More attention is needed to stimulate prevention efforts at the grassroots level.

In sum, too little is known about the causes of high-risk behavior for AIDS and how to effect change. However, public officials have become aware during the last several years that to be effective, education and prevention efforts must be carried out in partnership with Hispanic community groups and individuals. Because of their contacts, credibility, and knowledge and understanding of the Hispanic community, local community-based organizations will be critical players in Hispanic-focused AIDS education and prevention efforts.